

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

13.d. Rehabilitative Services (cont.)

Supervisory staff must have a Bachelor of Arts in Social Work or related studies, plus experience working with parents and children at risk of child abuse and/ or neglect. Experience can be substituted for education using a 2:1 ratio. They are responsible for development, implementation and documentation of treatment plans for each child.

Agencies and individual providers must be approved as meeting Medicaid agency criteria and certification requirements under state law as appropriate.

9. Behavior Rehabilitation Services.

Behavior rehabilitative services are provided to children to remediate debilitating disorders, upon the certification of a physician or other licensed practitioner of the healing arts within the scope of their practice within state law. Prior approval is required.

Service Description

Specific services include milieu therapy, crisis counseling and regularly scheduled counseling and therapy, as well as medical treatment.

Milieu therapy refers to those activities performed with children to normalize their psycho-social development and promote the safety of the child and stabilize their environment. The child is monitored in structured activities which may be recreational, rehabilitative, academic, or a variety of productive work activities. As the child is monitored, intervention is provided to remediate the dysfunctional behaviors and encourage appropriate responses in a broad range of settings.

Crisis counseling is available on a 24 hour basis, providing immediate short term intervention to assist the child in responding to the crisis and/ or stabilize the child's behavior until problems can be addressed in regularly scheduled counseling and therapy sessions.

Regularly scheduled counseling and therapy, as well as psychological testing, is provided. The purpose of which is to remediate specific dysfunctions which have been explicitly identified in a continually updated formal treatment plan. Therapy may be in an individual or group setting. It may be directed toward the child alone, the child within his/ her biological or the adopted family, or the child within his/ her peer group.

Medical treatment may also be provided. Twenty-four hour nursing is provided for children who are medically compromised to such an extent that they are temporarily unable to administer self care and are impaired medically/ developmentally beyond the immediate caretaker's ability to provide medical/remedial care.

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13.d. 9. Behavior Rehabilitative Services (cont.)

Population to be Served

Children who receive these services suffer from developmental disabilities and behavioral/emotional disorders that prevent them from functioning normally in their homes, schools, and communities. They exhibit such symptoms as drug and alcohol abuse; anti-social behaviors that require an inordinate amount of intervention and structure; sexual behavior problems; victims of severe family conflict; behavioral disturbances often resulting from psychiatric disorders of the parents; medically compromised and developmentally disabled children who are not otherwise served by the state agency's Division of Developmental Disabilities; and psychological impairments.

Provider Qualifications

Social Service Staff: Responsibilities include development of service plans; individual, group, and family counseling; and assistance to child care staff in providing appropriate treatment for clients. The minimum qualification is a Masters Degree in social work or a closely allied field.

Child Care Staff: Responsibilities include assisting social service staff in providing individual, group, and family counseling; and therapeutic intervention to address behavioral and emotional problems as they arise.

Minimum qualifications require that no less than 50% of the childcare staff in a facility have a Bachelors Degree. Combinations of formal education and experience working with troubled children may be substituted for a Bachelors degree.

Program Coordinator: Responsibilities include supervising staff, providing overall direction to the program and assuring that contractual requirements and intents are met.

Minimum qualifications require the person to be at least 21 years of age with a Bachelors Degree, preferably with major in study psychology, sociology, social work, social sciences, or a closely allied field, and two years experience in the supervision and management of a group care program for adolescents.

Counselor: Responsibilities include case planning, individual and group counseling, assistance to child care staff in providing appropriate treatment for clients, coordination with other agencies, and documentation of client progress.

Minimum qualifications require the person to be at least 21 years of age with a Masters Degree with major study in social work or a closely allied field and one year of experience in the care of troubled adolescents; or a Bachelors Degree with major study in social work, psychology, sociology, or a closely allied field and two years experience in the care of troubled adolescents.

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13.d. 10. Family Preservation Services (FPS)

DESCRIPTION

FPS are intensive, time-limited, mental-health rehabilitation services. They are home-based therapeutic interventions designed to ameliorate behavioral and emotional impairment of children. They are implemented according to an individualized Rehabilitation Service Plan (Plan) developed and monitored by an interdisciplinary team made up of health professionals, the child's family or legal guardian, and the individual.

ELIGIBILITY

Reimbursement shall be made only for FPS provided to individuals who have been certified in writing as needing these services by a licensed practitioner of the healing arts. The certification for medical necessity must show a need for services that will ameliorate behavioral or emotional impairment and prevent placement in a more restrictive setting.

The certification must:

- 4) Be based on appropriate clinical data and assessment of the individual;
- 5) Delineate the duration of the services; and
- 6) Specify that the individual needs the services offered by the FPS program.

INDIVIDUAL PROGRAM PLAN DEVELOPMENT AND DOCUMENTATION

An individualized plan of service will be developed for each child in the program. It will be designed by an inter-disciplinary team consisting of a program supervisor, health professionals, the child, and a family member or legal guardian. The specific make-up of the team will be based on the individual child's needs.

The plan must be mutually agreed upon by the team. Minimally, it must identify the following:

- 1) Service goals and objectives;
- 2) Identification of FPS to be provided;
- 3) Proposed time frames;
- 4) Documentation strategies;
- 5) Responsible program staff; and
- 6) Individualized discharge criteria.

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13.d. 10. Family Preservation Services (cont.)

Progress documentation shall be recorded at specific time intervals by the interdisciplinary team in accordance with the plan.

PROGRAM STAFF QUALIFICATIONS

The program will be implemented by staff according to the individual's needs. At a minimum, the program requires a physician, registered nurse, or psychologist currently licensed by the State of Washington to determine medical necessity and for consultative purposes and at least one of the following:

- 1) A social worker holding a graduate degree from a school of social work accredited or approved by the Council of Social Work Education or another comparable body,
- 2) A registered nurse who is currently licensed by the State of Washington, or
- 3) A human services professional holding at least a bachelor's degree in a human service field including, but not limited to psychology, behavioral therapy, social work, sociology, special education or rehabilitation counseling. In addition, this person must have at least two years experience working with families and children.

All providing agencies must be certified by the Washington State Department of Social and Health Services as meeting minimum qualifications.

SERVICE DEFINITIONS

FPS will provide a wide range of therapies in the home and community where the child lives. It is generally recognized that familiar environments create a therapeutic milieu where greater learning can occur for the child and programs can be demonstrated for family members. This atmosphere assures consistent program delivery. All services listed below will be directed towards the child.

Optional Program Services include:

- 1) Behavior Management Training
These include activities which provide guidance and training in techniques of behavior modification. It allows practicing skills to increase the capacity for management of the full spectrum of one's behavior from everyday life experiences to acute emotional stress. Such activities shall focus on interventions which assist in the identifications of internal and external stressors, development of coping strategies, and teaching family members how to apply these techniques in absence of program staff.

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13.d. 10. Family Preservation Services (cont.)

2) Counseling Services

These services are the use of the individual or group therapeutic modalities. They assist the individual to clarify future direction and identify behaviors that interfere with achievement of individual goals. They allow the individual to identify personal potential and work through internal issues which may interfere with daily life.

3) Health Options Counseling

Health options counseling ameliorates behavioral and emotional impairment by providing therapy to restore the child's interest and understanding of his/her own health.

4) Crisis Intervention

Crisis intervention services alleviate acute behavior outbursts displayed by the child.

5) Daily Living Skills Training

This training focuses on the acquisition of skills and capabilities to perform primary activities of daily life. It includes functional areas such as: dressing, personal hygiene, grooming, clothes maintenance, food preparation, and basic money management. Such activities increase the child's sense of personal responsibility and self-worth.

6) Medication Management and Training

This training provides information to ensure appropriate understanding of the role and effects of medication in treatment, identification of side effects of medications and potential drug or food interactions. Training in self administration of medication will be provided as approved by the Program Team physician.

7) Socialization Skills Training

This training assists the child to develop and practice "age appropriate" social and interpersonal skills. These activities promote participation in positive social events and development of appropriate communication and negotiation skills.

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XVI. Federally Qualified Health Centers (cont.)

For clients enrolled with a managed care contractor, the State will pay the center a supplemental payment on a per member per month basis, in addition to the amount paid by the managed-care contractor to insure the center is receiving the full amount it is entitled to under the PPS methodology.

The supplemental payment is the difference between the payments the center received from the managed-care contractor and the payments the center would have received under the PPS methodology. This supplemental payment will be paid at least every four months.

Until final audited cost reports for 1999, 2000, and 2001 (if applicable) are available for all FQHCs, and final base encounter rates are established, the centers will be paid using an interim encounter rate comprised of the most current available cost information. The State will perform a reconciliation and settle any overpayments or underpayments made to the centers retroactive to January 1, 2002.

Medicaid-Medicare patients will be reimbursed as detailed in Supplement 1 to Attachment 4.19-B, pages 1, 2, and 3.

XVII. Medical Services Furnished by a School District

Reimbursement to school districts for medical services provided will be at the usual and customary charges up to a maximum established by the state.

XVIII. Mental Health Services

Mental Health Fee for Service rates will be developed, if needed, using the methodology below. The department will pay the lesser of the usual and customary charge or a fee based on a department fee schedule.

To develop fees under the one-month constraint, the Mental Health Division will rely on a unit value approach similar to Medicare. Using fee schedules from other states Medicaid programs, the Medicare fee schedule and 50th percentile commercial fees, the division will construct relative costs by code. These costs will establish unit values by procedure code.

Next, a utilization-weighted average charge will be computed for our list of codes. A similar average will be computed for Medicare and commercial fees as benchmarks. The Mental Health Division must then make a policy decision as to the level of proposed fees compared to these benchmarks. The division can then compute a conversion factor to achieve the desired outcome. This is similar to the benchmarking analysis performed by MAA on a regular basis as part of their

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XVII. Mental Health Services (cont.)

review of the reasonableness of provider reimbursement under the Medicaid fee schedule.

The Mental Health Division expect that some gaps may exist in the comparison fee schedules, resulting in no unit values for certain services from the first step of the rate development process. Additional steps will need to be taken to fill these gaps, such as an examination of raw claim data from commercial, Medicare and Medicaid sources to construct reasonable relative fees.

Modality	Billing Unit	In facility	Out of facility
Brief Intervention Treatment	¼ hour		
Crisis services	¼ hour		
Day Support	¼ hour (maximum of 5 hours per day, 5 days per week, per person)		
Family treatment	¼ hour		
Freestanding Evaluation and Treatment	Daily rate (excludes room and board)		
Group treatment services	¼ hour		
High Intensity Treatment	¼ hour for each covered staff		
Individual Treatment Services	¼ hour		
Intake evaluation Brief or Intensive	¼ hour		
Medication Management Group or Individual	Per person per event		
Medication Monitoring	Per person per event		
Mental Health Service in a Residential setting	Daily rate (excludes room and board)		
Peer Support	¼ hour not to exceed four hours per person per day		
Psychological Assessment	¼ hour		
Rehabilitation Case Management	¼ hour		
Special population evaluation	¼ hour		
Stabilization Services	1 hour	NA	
Therapeutic psychoeducation	¼ hour		